DOCUMENT RESUME

ED 118 556 SP 009 845

AUTHOR Hill, Patricia J.
TITLE A Guide for Vision Screening in California Public Schools. 1974 Edition.
INSTITUTION California State Dept. of Education, Sacramento.
PUB DATE 74
NOTE 31p.

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage
DESCRIPTORS *Records (Forms); *School Health Services; *State Legislation; *Vision Tests; *Visually Handicapped
IDENTIFIERS California

ABSTRACT

This document details the California State Code's provisions concerning eye examinations for children in public schools. It explains how the examinations should beconducted and recorded, how teachers can observe children for vision problems, how to report vision problems to parents and recommend secure medical assistance, and what obligations the schools have to children with impaired vision. Appendixes include the sections on vision screening from the Education Code, forms for examination and reporting, and a glossary. (CD)

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A GUIDE FOR VISION SCREENING IN CALIFORNIA PUBLIC SCHOOLS • 1974 EDITION

SP 09 545

CALIFORNIA STATE DEPARTMENT OF EDUCATION
WILSON RILES - SUPERINTENDENT OF PUBLIC INSTRUCTION
SACRAMENTO, 1974

A Guide for Vision Screening in California Public Schools

1974 Edition

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This publication was edited and prepared for photo-offset production by the Bureau of Publications, California State Department of Education, and published by the Department, 721 Capitol Mall, Sacramento, California 95814.

Printed by the Office of State Printing
and distributed under the provisions
of the Library Distribution Act

1974

Foreword

It is the purpose of our society—and certainly of the schools as an important segment of that society—to cherish life and to teach our people how to attain the highest achievement of which they are capable. Thus, we in education have a special responsibility to teach children the importance of the life they hold and of the senses they have been given to perceive life.

We also have a responsibility to ensure, to the degree possible, that the children under our care are not handicapped in the use of their senses, especially if the handicapping conditions can be eliminated or corrected. Therefore, if a child's sense of touch or smell or taste or hearing or sight is impaired, we must do what we can to help that child correct or compensate for his loss. However, to help the child, we must first identify what his losses may be.

In the matter of sight, school districts have been required since 1947 to test the pupils' ability to see, and the Department of Education has periodically published guides recommending procedures for such testing. In 1971 legislation was passed specifying the components of a program for appraising the vision of schoolchildren and establishing minimum intervals for testing. The State Board of Education subsequently enacted regulations defining the terms used in the legislation and establishing criteria for failure of the test for visual acuity.

This current edition of *A Guide for Vision Screening in California Public Schools* contains recommendations for implementing the legislation and regulations and updates procedures contained in the previous edition, which was published in 1964. The recommendations were developed by the Advisory Committee on Vision Screening in California Schools, which was appointed jointly by the State Director of Public Health and my office. Membership of the committee included ophthalmologists, optometrists, pediatricians, school and college personnel, and representatives of the two state departments involved. The advisory committee stressed the importance of vision screening as a phase of the school health program, with emphasis on the role vision plays in helping pupils profit from participation in the educational program.

Identifying pupils with visual defects, securing appropriate health services, adjusting the environment when possible, and providing special educational opportunities will be best accomplished by schools in which the entire staff is concerned about the visual problems that children may have and is eager to help solve such problems. Through their day-to-day contact with pupils, teachers may readily observe changes in behavior and appearance which may indicate possible visual problems. Inservice training will sharpen the teachers' observation skills, and if such training is conducted in accordance with the regulations of the State Board of Education, teachers will be qualified to administer vision screening tests. Teachers who administer such tests may utilize them in learning situations in the classroom and thus enrich their instructional program.

The specific purposes of this guide are to help school districts administer the vision screening program, develop and maintain effective vision screening programs, establish criteria for evaluating vision screening programs in operation, and train teachers and school nurses to administer vision screening tests. I hope that by making this guide available to you, our Department is providing a service that will help ensure that the children enrolled in our schools can obtain optimal use of their sense of sight.

Wilson Riles

Superintendent of Public Instruction

Acknowledgments

The California State Department of Education appreciates the assistance of the California State Department of Health and of the Advisory Committee on Vision Screening in California Schools in making recommendations for revising the 1964 edition of *A Guide to Vision Screening in California Public Schools*. The Department of Health (at that time known as the Department of Public Health) provided staffing for the Committee. Members of the Advisory Committee and the positions held by each of them at the time they served on the Committee are as follows:

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Contents

	Page
Foreword	iii
Acknowledgements	v
Introduction	1
The Importance of Health Supervision and Preschool Eye Examinations	1
The Legal Basis for Vision Screening	2
Objectives of the Vision Screening Program	3
Features of the School Vision Screening Program	3
The Snellen Test	4
Equipment and Environment Required for the Test	5
Administration of the Test	6
Recording of Test Results	7
Glasses or Known Vision Defect	7
Color Vision Test	7
Teacher Observation and Appraisal	9
Criteria for Referral	10
Follow-up Program	10
Notifying Parents	11
Obtaining Examination Results and Recommendations	11
Annual Report of Vision Testing	12
Appendix A. Legal and Administrative Provisions Pertaining to Vision Screening in California Public Schools	13
Sections from the Education Code	13
Sections from the California Administrative Code, Title 5, Education	14
Appendix B. Vision Screening Form (record of children who need follow-up)	17
Appendix C. Report of Eye Examination Form (notification to parent and report of examiner to school)	20
Appendix D. Annual Report of Vision Testing Form	21
Appendix E. Glossary	23

Introduction

California public schools endeavor to offer equal educational opportunities for all and to make it possible for all to grasp these opportunities and to profit from them to the full extent of their potentialities. This effort involves making provisions for each pupil to be free of physical handicaps, if possible, and to have the effects of physical handicaps held to a minimum if the conditions causing the handicaps cannot be corrected. This help includes making certain that every child who is in any way handicapped by poor vision is identified and that the necessary steps are taken to eliminate the cause of the handicap; or, if elimination is impossible, to hold the effects of the handicap to a minimum. The schools play a most important role in helping to identify pupils with certain vision handicaps by conducting vision screening programs that are well-planned and well-operated.

This 1974 edition of *A Guide for Vision Screening in California Public Schools* includes the recommendations of the Advisory Committee on Vision Screening in California Schools for implementing the most recent legislation on vision screening. Material added since the last edition of the Guide was published (1964) includes (1) a detailed section on testing color vision, with emphasis on appropriate lighting; and (2) revised criteria for determining failure of the test for visual acuity at the far point. Other material has been brought up to date, and new legal provisions and forms are included in the appendixes.

The Importance of Health Supervision and Preschool Eye Examinations

All children should have comprehensive health examinations before they enter school. Through these examinations children with health problems will be identified, and essential remedial steps can be taken early enough in the children's lives to prevent such conditions from taking an unnecessary toll. Examination of the eyes is an important part of such appraisals. If eye examinations are made before children reach the age of four, they may reveal serious eye defects, such as amblyopia, which can then be treated before the

children enter school and early enough to secure the best results from treatment.

The Child Health Disability Prevention Program, enacted during the 1973 legislative session, requires that, on and after July 1, 1975, each child, upon enrollment in grade one, present satisfactory evidence to the governing body that he has received specified health screening and evaluation services within the prior two years, unless the child's parents or guardians have given written notice to the governing body that they do not want their child to receive such services. Screening for vision defects is a required component of the program. Upon implementation of this program, children with eye and vision defects as well as other potentially handicapping conditions will be identified, and appropriate treatment will be recommended prior to their entrance into school.

Until the Child Health Disability Prevention Program is fully implemented, preschool vision programs must be developed to ensure that every child who enters kindergarten or grade one has had his vision screened and that examination by a specialist is available to every child who does not meet standards established by cooperating ophthalmologists and optometrists. Programs of high quality can be established through the cooperative efforts of health departments, optometrists, ophthalmologists, parent-teacher associations, service clubs, and other interested groups. School personnel should encourage and assist in the development of such programs because eye examinations given prior to school entry provide the foundation for subsequent school vision screening.

The Legal Basis for Vision Screening

California first made it legal for the public schools to provide for testing the vision of pupils in 1937. Then in 1947 it became mandatory for the governing board of each school district to provide for testing the sight of the pupils enrolled in the schools of the district (Education Code Section 11823; see Appendix A). In 1971 legislation was passed specifying required components of the vision appraisal program (Education Code Section 11825; see Appendix A). The State Board of Education established the qualifications that school personnel must meet in order to administer vision screening tests; and in 1973 the Board adopted regulations which defined the terms in Education Code Section 11825 and established criteria for failure of the test for visual acuity (California Administrative Code, Title 5, Education, sections 590–596; see Appendix A).

Objectives of the Vision Screening Program

The major objectives of the school vision screening program are as follows:

- To identify pupils with certain vision difficulties that may be found through the administration of selected vision screening tests
- To identify, through planned observational procedures, pupils with possible vision difficulties that are evidenced by atypical appearance and behavior
- To inform the parents of each pupil identified as evidencing vision difficulty of the possibility of a problem, recommend that the pupil have a professional eye examination, and pursue the matter until an examination is made
- To acquaint teachers with pupils' vision difficulties and pertinent recommendations made by eye and vision specialists
- To make needed adjustments in the educational programs of pupils who have vision defects

Features of the School Vision Screening Program

The following guidelines suggest a minimum program for school vision screening. These procedures must be performed to meet legal requirements unless a child has been excused from screening; however, more complete evaluation of the child to identify additional problems is encouraged. The minimum program must include the following elements:

1. Administration of the Snellen test to every elementary school child upon first enrollment in a California school district and at least every three years thereafter until the child has completed grade eight. However, testing in kindergarten and grades three, five, eight, and ten is a recommended procedure.
2. Administration of a test for color vision to boys by the use of pseudo-isochromatic plates. The test should be made when a boy first enrolls in a California school district. The appraisal does not, however, have to be made until the pupil has reached grade one; and it has to be made only once. Deficiency in color vision does not require referral to a specialist. However, knowledge of the deficiency has importance in the primary grades, where much color coding is used, and in art, science, safety education, and vocational counseling.

3. Recording of the results of the vision appraisal and any subsequent follow-up on the health record of the pupil.
4. Observation by teachers of the appearance and behavior of pupils and attention to complaints that might indicate a vision problem. Such pupils should be referred to the school nurse for evaluation.
5. Evaluation by the school nurse when a pupil's school performance indicates that a vision problem might be present.
6. Retesting of pupils who failed the initial visual acuity screening test by the school nurse, or other persons authorized to give tests, prior to referral through parents for a professional evaluation.
7. Employment of an organized plan, including the use of an approved form, for notifying parents that a given child has failed a screening test and should have professional evaluation (see Appendix C). Included should be assistance in obtaining professional help when appropriate and follow-up of individual children to see that professional evaluation has been obtained. Efforts should be made to obtain the results of the evaluation, a statement of the corrections effected, and information regarding any special classroom provisions recommended for each child who has been referred.
8. Filing, with the State Department of Education, of an annual report on results of the vision screening program on forms provided by the Department (see Appendix D).

School districts, individually or in groups, should establish an advisory committee on vision screening to assist in solving problems of referral, quality control, and technical advice. This advisory committee should be similar in composition to the Advisory Committee on Vision Screening in California Schools.

The Snellen Test

The Snellen test is considered by most authorities as the best single test of distance visual acuity available for use by school personnel in the schools. Almost all cases of myopia and some cases of astigmatism and hyperopia can be detected by its use.

The Snellen test is given by the use of a chart that has either a number of letters of the alphabet of specified sizes printed in rows or only the letter E of specified sizes and in various positions printed in rows. Members of the Advisory Committee on Vision Screening in California Schools suggest that schools use the Snellen chart employing the symbol E, at least in elementary schools and with slow-learning or retarded pupils at all levels. In most instances the symbol on the top line of the chart is of such size that, under testing conditions, a person

with normal vision is able to identify the letter or tell its position from a distance of 200 feet. The size of the symbols in succeeding rows is reduced to a point that a person with normal vision can see them at distances of 100, 70, 50, 40, 30, 20, and 15 feet, respectively.

Equipment and Environment Required for the Test

Proper equipment and a suitable physical environment are required to administer the Snellen test.

Equipment. A list of the equipment required to administer the Snellen test follows:

A Snellen chart, preferably self-illuminating
A large symbol E mounted on cardboard if the E chart is used
An opaque occluding device, such as a clean three-by-five-inch index card, for each student tested
Forms for recording results
A light meter

Room. The room should provide an unobstructed view of the Snellen chart. The amount of space required depends on whether a 10-foot or 20-foot Snellen chart is used. The room should be equipped so that the light can be controlled to secure the intensity necessary. It should be located in a relatively quiet area and should be free of internal conditions that may distract the children being tested.

Illumination of chart and room. It is important to have the chart used for testing vision properly lighted at all times. The standards for referral are based on this lighting; wide variance from this will introduce inaccuracies. Lighted Snellen chart cabinets (self-illuminating charts) that provide ten foot-candles of evenly diffused light on the chart face are recommended for use in the vision screening program. If the test is made with a Snellen chart card that is hung on a wall, an adequate light intensity is ten to 15 foot-candles, evenly diffused, by which the chart is made free of glare and shadows. This effect can easily be accomplished by the use of a gooseneck lamp placed on the floor four feet from the chart in a well-lighted room. Bright sources of light and shafts of sunlight should be eliminated from the field of vision of the student being tested. The room should never be dark; that is, there should never be less than two foot-candles of light.

Arrangement of equipment. The Snellen cabinet or chart should be hung at one end of a room, with the appropriate amount of unobstructed floor space (10 feet or 20 feet, depending on which Snellen chart is used) immediately in front of it. A line should be marked on the floor either 10 or 20 feet from the front of the chart.

Pupils should stand in back of this line while they are being tested so that their eyes are directly over the line and thus at the correct distance from the chart. The height of the chart should be adjusted so that the center is at approximately the pupil's eye level.

The testing location of the pupil should be protected so that he will not be handicapped by facing light sources other than the light of the chart.

Administration of the Test

To secure the confidence, understanding, and cooperation of pupils taking the test for the first time, the person administering the test should explain its purpose and procedures. With very young children who have never taken a vision test, the procedure can be demonstrated with the large symbol E mounted on cardboard. The E can be turned to various positions and, as it is held in each position, the pupils can be shown how to indicate the direction in which the legs of the E point. This procedure may be carried on in the spirit of a game, with the pupils indicating with their hands the direction in which the "legs" of the "table" are pointing. The pretesting activities may be carried out in regular classrooms.

Pupils who are far enough along in school that they can be relied upon to report verbally the direction in which the symbol points may be taught to respond by saying "left," "right," "up," or "down." However, they may be permitted to indicate the positions by pointing.

In the testing of a pupil, the following practices should be employed:

- Adopt and employ a standard testing procedure for all pupils.
- Test the vision in one eye at a time—the right eye first, the left eye next. Use an occluder or paper cup or hold a small card obliquely along the nose of the pupil to cover the eye not being tested. Tell the pupil to keep both eyes open during the test--the one being tested and the one covered by the card. Take care that the occluder or card does not press on the eye.
- Use a fresh cup or card with each pupil to prevent any infectious condition from being communicated from one pupil to another.
- Have the pupil start reading the "50" line if no vision difficulty is suspected. If the pupil responds readily and correctly to this line, then check his performance on the "20" line.

Retest pupils suspected of having a vision difficulty prior to sending a referral to parents. Pupils should be retested with both eyes open.

Recording of Test Results

Since the majority of schoolchildren have normal vision, *it is recommended that the results of the Snellen test be recorded directly on each pupil's cumulative health record* and that a list be compiled containing only the names of the children who need to be given further attention. Recording test results directly on the cumulative health record results in savings of time and elimination of errors that could occur in transferring results from one record sheet to another.

Responses for the right eye and the left eye should be recorded separately. Each response is recorded as a relationship between the chart distance from the pupil and the lowest line the pupil can read. *One mistake per line may be allowed.* If the pupil reads the "20" line at 20 feet, 20/20 is set down for the eye tested. If the "40" line is the lowest one the pupil can read, 20/40 should be recorded. "R" indicates the right eye, and "L" indicates the left eye; for example, R 20/20, L 20/40. (See Appendix B for a sample form.) Vision of 20/40 in an eye indicates that the individual can read all or all but one of the symbols on the 20/40 line with that eye or that he sees at 20 feet that which a person with normal vision sees at 40 feet.

Glasses or Known Vision Defect

If the pupil wears glasses or has a known vision defect, the school nurse should first check to determine whether the school has a record of the pupil's eye examination. It is imperative to obtain the results of the child's professional examination and recommendations that might affect school performance. If a pupil has a visual defect, the school nurse should (1) assist the pupil in adjusting to the need for corrective lenses if they have been prescribed or for other therapeutic intervention such as a patch; (2) engage in direct pupil counseling regarding eye health and safety; (3) emphasize the importance of continued follow-up by the pupil's eye and vision specialist; (4) help students understand the reasons for regular examinations by eye or vision specialists; and (5) inform the pupil of the importance of keeping his glasses clean and properly adjusted.

Color Vision Test

Early detection of pupils with color-defective vision is important in the education process. Testing should be accomplished on all male students by the end of grade one. (Color-defective vision is a sex-related defect; the incidence among females is extremely low.) Teachers can then adjust educational materials to avoid situations

where color discrimination is a criterion for progress and can help pupils develop special techniques for compensating for their limitations (e.g., by using a light blue or white rather than a black feltboard). In later years personnel in driver training and vocational guidance must take into account any color vision difficulty.

Color vision is tested by using pseudo-isochromatic plates. The recommendations of the manufacturer regarding procedures to be followed, adequacy of lighting, and scoring of results must be followed.

It is imperative to appreciate the importance of correct illumination for valid color vision testing. If incorrect lighting is used for the test (for example, ordinary room lighting), color deficiency may not be detected.

The manufacturers of pseudo-isochromatic plates have carefully selected a type of illumination which matches the design of their test; their test will be less sensitive if that illumination is not provided. Therefore, careful adherence to the illuminating standards suggested by the manufacturer is necessary if all persons with color-defective vision are to be identified in a screening procedure.

The Macbeth Easel Lamp (Macbeth Daylighting Corporation, Newburgh, NY 12550) generally has been considered to provide the preferred type of illumination. Satisfactory substitute illumination sources are the Criticolor fluorescent lamp (F15T8/CC) and the General Electric "Chrom 70" fluorescent lamp (F15T8.C70). One can also provide proper illumination by using the illuminant C filter available from Corning Glass Company (Corning, NY 14830) over a 60- to 100-watt incandescent lamp.

After proper illumination has been provided, care must be taken that it is not nullified by inappropriate light from other sources near the place where the test is being conducted. The test should be done with low room illumination so that light reflecting from the colored surfaces of walls or draperies does not reach the test plates. For the same reason, examiners should avoid wearing brightly colored clothing when conducting the test.

Since color deficiency is nonprogressive, cannot be corrected, and does not affect visual acuity, failure in this test is not cause for referral. Color deficiency should be discussed with the pupil, his family, and teachers to ensure that the educational process will be profitable and meaningful to him. Information should be recorded for the use of counselors so that future vocational counseling is approached realistically.

Teacher Observation and Appraisal

The results of teacher observations of pupil behavior and appraisal of pupil achievement are exceedingly important since unusual behavior, poor school performance, and reduced rates of learning may indicate health problems. A plan for observation that has been developed cooperatively by administrators, teachers, and health service personnel should be employed. This plan will contain guidelines for observation and evaluation of pupil behavior and for the reporting of results to the proper school authorities whenever conditions indicate that a problem exists.

Signs and symptoms of visual problems which the teacher may observe in pupils are the following:

1. Behavior
   a. Holds work too close or too far.
   b. Asks for special seating.
   c. Thrusts head forward to see distant objects.
   d. Holds body tense when reading or looking at distant objects.
   e. Frowns when reading.
   f. Attempts to brush away a blur.
   g. Rubs eyes frequently.
   h. Blinks continually when reading.
   i. Tilts head.
   j. Covers one eye.
2. Complaints
   a. Eyes are sensitive to light.
   b. Eyes or lids burn or itch.
   c. Images appear as blurred or doubled.
   d. Letters and lines run together.
   e. Words seem to jump.
   f. Frequent headaches occur.
3. Appearance
   a. Lids are crusted, red-rimmed, or swollen; sties occur frequently.
   b. Eyes water or appear bloodshot.
   c. Eyes are crossed or turned out.
4. Performance
   a. Exhibits slowness in learning to read.
   b. Exhibits poor achievement, reduced quality or quantity of work, and slow rate of learning.
5. Physical activity
   a. Performs poorly at games.
   b. Exhibits poor eye-muscle coordination.
   c. Stumbles or trips over small object.

Criteria for Referral

In determining whether or not a pupil should be referred for a professional eye examination, attention should be directed to the following:

1. *Retesting and reappraisal.* Each pupil whose performance on the Snellen test indicates vision difficulty or who, as observed and reported by the teacher, evidences vision difficulty should be retested; and the findings should be reappraised before the school recommends an eye examination. Retesting and reappraisal should be done by the school nurse.
2. *Results of Snellen test.* Parents must be informed of the test results and a recommendation made for them to secure a professional eye examination for their child if the test results, *verified by the retest,* indicate (a) 20/40 vision or worse in one or both eyes for pupils in *kindergarten through grade three;* or (b) 20/30 vision or worse for pupils in *grade four and higher.*
3. *Results of observation.* Even though a pupil's performance on the Snellen test is acceptable, a professional eye examination should be recommended if that pupil has been found, through appropriate and adequate appraisal, to have significant signs or symptoms (behavior, complaints, appearance, performance, or physical activity, as indicated in the preceding section) which suggest visual difficulty. Such referrals should be made by the school nurse.

Follow-up Program

Carefully planned and systematic follow-up procedures are essential components of a school vision screening program. Although the school administrator, the eye and vision specialist, and the teachers should participate in the follow-up, the school nurse occupies a central role in this phase of a successful program. She coordinates activities, interprets findings, and transmits information between school personnel, parents, and eye and vision specialists.

Three important steps involved in the follow-up of pupils with suspected visual defects are the following:

1. The problem should be brought to the attention of the parents.
2. Contact with the parents should be maintained until the pupil has received the needed examination and necessary care.
3. The results of the examination and statement of recommendations from the eye and vision specialist should be made available

to the school. This final step is needed by the school as a basis for making any adjustments needed in the pupil's educational program.

Notifying Parents

If it appears that a pupil is in need of professional examination, his parents should be informed as soon as possible. This information may be given to best advantage in a parent-nurse conference in person or by telephone. The conference should be supplemented by a written notice to parents regarding their child's apparent eye or vision difficulty.

Notification to parents, whether through conference or in writing, must be free of diagnostic statements or suggestions that the pupil needs glasses or any particular treatment. The written notice must be made on a form prescribed or approved by the Superintendent of Public Instruction (see Appendix C) and must include no reference to an individual or class of practitioner that should be secured for examining, treating, or correcting any defect the pupil may have.

The Advisory Committee on Vision Screening in California Schools does not believe it is necessary for a school district to notify parents that a child has passed a screening test. However, if such notification is planned by a school district, the notice should include a statement to the effect that screening for visual acuity does not replace a professional eye examination and that this screening test does not identify all visual problems.

Obtaining Examination Results and Recommendations

The school should endeavor to obtain the results of the professional examination even though no specific adjustments in the school program are recommended. That professional care was obtained should be recorded on the pupil's cumulative record along with pertinent comments of the eye and vision specialist who made the examination.

Some pupils will be found by eye and vision specialists to have visual defects that cannot be fully corrected through treatment. In these cases the specialists' reports should be examined for information about the visual status of the pupils that can be used as a basis for making any needed adjustments in the classroom arrangement or educational program. A special form should be provided for the specialist to record the information needed for this purpose (see Appendix C).

The needs of pupils with severe visual impairment are most likely to be met when the individuals responsible for vision screening and

those responsible for planning educational programs work cooperatively in establishing and maintaining appropriate identification procedures as well as referral and follow-up services.

Many of the services needed by individuals with severe vision handicaps are available in various locations throughout California. Financial assistance to meet expenses entailed in providing these services is often available through the Crippled Children Services program. Special educational programs for such individuals are maintained by most school districts with large enrollments. In locations where such services are not available, the parents or teacher of the pupil with severe vision impairment should request the county superintendent of schools to provide them with the necessary information regarding special services that are available.

Annual Report of Vision Testing

Legislation passed in 1971 requires each elementary and unified school district to make an annual report to the State Department of Education indicating the number of children who have had their visual acuity and color vision evaluated and the results of such evaluations. The report is to be made at the end of each school year on forms provided by the Department. A copy of the form used in 1974 is contained in Appendix D. The data requested are necessary to determine the scope of visual acuity and color vision problems among pupils; to identify the number of pupils referred for professional evaluation and the number receiving such care; and to help assess the effectiveness of the current mandate and screening recommendations.

APPENDIX A

Legal and Administrative Provisions Pertaining to Vision Screening in California Public Schools

Sections from the Education Code

Sight and Hearing Test

11823. The governing board of any school district shall, subject to Section 11822, provide for the testing of the sight and hearing of each pupil enrolled in the schools of the district. The test shall be adequate in nature and shall be given only by duly qualified supervisors of health employed by the district; or by certificated employees of the district or of the county superintendent of schools who possess the qualifications prescribed by the Commission for Teacher Preparation and Licensing; or by contract with an agency duly authorized to perform such services by the county superintendent of schools of the county in which the district is located, under guidelines established by the State Board of Education; or accredited schools or colleges of optometry, osteopathy, or medicine. The records of the tests shall serve as evidence of the need of the pupils for the educational facilities provided physically handicapped individuals. The equipment necessary to conduct the tests may be purchased or rented by governing boards of school districts. The state, any agency, or political subdivision thereof may sell or rent any such equipment owned by it to the governing board of any school district upon such terms as may be mutually agreeable.

(Amended by Stats. 1971, Ch. 109. Operative on July 1, 1973, or at such earlier date as may be designated by the Commission for Teacher Preparation and Licensing.)

Vision Appraisal

11825. Upon first enrollment in a California school district of a child at a California elementary school, and at least every third year thereafter until the child has completed the eighth grade, the child's vision shall be appraised by the school nurse or other authorized person under Section 11823. This evaluation shall include tests for visual acuity and color vision; however, color vision shall be appraised once and only on male children, and the results of the appraisal shall be entered in the health record of the pupil. Color vision appraisal need not begin until the male pupil has reached the first grade. Gross external observation of the child's eyes, visual performance, and perception shall be done by the school nurse and the classroom teacher. The evaluation may be waived, if the child's

parents so desire, by their presenting of a certificate from a physician and surgeon or an optometrist setting out the results of a determination of the child's vision, including visual acuity and color vision. The number of children so evaluated and the results of such evaluations shall be reported by each elementary or unified school district to the Department of Education at the end of each school year, on forms to be provided by the department.

The provisions of this section shall not apply to any child whose parents or guardian file with the principal of the school in which the child is enrolling, a statement in writing that they adhere to the faith or teachings of any well-recognized religious sect, denomination, or organization and in accordance with its creed, tenets, or principles depend for healing upon prayer in the practice of their religion.

(Amended by Stats. 1971, Ch. 1342.)

Report to Parent

11826. . . .

(b) When a visual defect has been noted by the supervisor of health or his assistant, a report shall be made to the parent or guardian of the child, asking the parent or guardian to take such action as will correct the defect. Such report, if made in writing, must be made on a form prescribed or approved by the Superintendent of Public Instruction and shall not include therein any recommendation suggesting or directing the pupil to a designated individual or class of practitioner for the purpose of correcting any defect referred to in the report.

(c) The provisions of this section do not prevent a supervisor of health from recommending in a written report that the child be taken to a public clinic or diagnostic and treatment center operated by a public hospital or by the state, county, or city department of public health.

(Added by renumbering Section 11906 by Stats. 1968, Ch. 1048.)

Sections from the California Administrative Code, Title 5, Education

Article 4. Vision Screening
(Education Code Section 11823)

590. Duly Authorized Agency Defined. "A duly authorized agency", as used in Education Code Section 11823, means a city or county health department, a local health district, or the State Department of Public Health.

NOTE: Specific authority cited for Article 4: Section 11823, Education Code. Issuing agency: Superintendent of Public Instruction.

591. Employees Authorized to Give Tests. An employee of the governing board or of the county superintendent who may be required or permitted to give vision tests pursuant to Education Code Section 11823 to pupils enrolled in the district is one of the following:

(a) A physician, ophthalmologist, optometrist, or nurse who holds both:

(1) A certificate of registration from the appropriate California board or agency.

(2) A health and development credential or a standard designated service credential with a specialization in health.

Such an employee is a "qualified supervisor of health" as used in this article and in Education Code Section 11823.

(b) Any other employee of the school district or of the county superintendent of schools who holds a teaching credential issued by the State Board and who has filed with the employing school district or county superintendent of schools, as the case may be, one of the following documents:

(1) A statement from a qualified supervisor of health that the employee has satisfactorily completed an acceptable course of in-service training in techniques and procedures in vision screening of at least six clock hours given by the qualified supervisor of health making the statement and that the employee is qualified to administer vision tests to pupils.

(2) A transcript from an accredited college or university evidencing that the employee has successfully completed an acceptable course in vision screening of at least one semester unit.

592. Acceptable Course in Vision Screening. An acceptable course in vision screening is one that provides the following:

(a) Basic knowledge of the structure, normal development, and function of the eye and common anomalies of vision and factors influencing visual performance.

(b) Basic knowledge of signs and symptoms suggesting eye difficulty.

(c) Techniques and procedures in administering Snellen and color vision tests. Such techniques and procedures shall include training in the following:

(1) Establishing tests rapport with pupils.

(2) Seating of pupil and placing of equipment.

(3) Providing adequate lighting conditions for the testing situation.

(4) Recording test results.

(5) Referring pupils in need of follow-up.

(d) Practice in administering Snellen and color vision tests under the supervision of a qualified supervisor of health.

593. Responsibility as to Eligibility. Each school district and county superintendent of schools shall determine and be responsible for the eligibility of personnel employed or permitted by the district

or county superintendent of schools to administer eye screening tests or to conduct inservice training programs in techniques and procedures in administering such tests.

594. Examination of Visual Acuity. The following definitions shall apply to terms used in Education Code Section 11823:

The examination of visual acuity shall mean a test for visual acuity at the far point. This shall be conducted by means of the Snellen Test. Conduct of the test and the testing environment shall conform to procedures and settings described in the most recent edition of *"A Guide for Vision Testing in California Public Schools."* Test failure for the initial vision test shall be defined as follows:

(a) Kindergarten through third grade: Vision of 20/40 or less. The designation 20/40 or less indicates the inability to identify accurately the majority of letters or symbols on the 30-foot line of the test chart at a distance of 20 feet.

(b) Fourth grade and above vision of 20/30 or less. This means the inability to identify the majority of letters or symbols on the 20-foot line of the chart.

Following failure of the initial vision acuity screening test, a reevaluation shall be accomplished prior to referral for definitive professional evaluation. This reevaluation shall be done by persons authorized to give tests as per Section 591(a) of this Article.

NOTE: Authority cited: Section 152, Education Code. Reference: Section 11823, Education Code.

History: 1. New section filed 1-19-73; effective thirtieth day thereafter (Register 73, No. 3).

595. Examination of Color Vision. The examination of color vision as used in Education Code Section 11823 shall mean a test employing pseudoisochromatic plates. Procedures and criteria of failure as described by the manufacturer shall be used.

History: 1. New section filed 1-19-73; effective thirtieth day thereafter (Register 73, No. 3).

596. Gross External Observation of the Children's Eyes, Visual Performance and Perception. Gross external observation of the children's eyes, visual performance and perception, as used in Education Code Section 11823 shall mean continuous observation by teachers of the appearance, behavior and complaints of pupils that might indicate vision problems. Also, periodic investigation where pupils' school performance begins to give evidence that existence of the problem might be caused by a visual difficulty. Such an evaluation shall be done in consultation with the school nurse.

History: 1. New section filed 1-19-73; effective thirtieth day thereafter (Register 73, No. 3).

APPENDIX B

This form may be used for recording vision screening results for those children who need follow-up.[1]

VISION SCREENING

Date ..... School .....

Name of pupil	Pupil's			Snellen		Observations and comments
	Age	Grade	Teacher	R	L	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	
				20/	20/	

[1] Since the majority of school children have normal vision, it is recommended that test results be recorded directly on the cumulative health record and that a separate list be made only of those children who need follow-up.

APPENDIX C

This form is approved by the Superintendent of Public Instruction, as required by Education Code Section 11826, for reporting results of vision screening test to parents and for obtaining recommendations from the professional examiner.

REPORT OF EYE EXAMINATION

Name of child ..... School ..... Date .....

Dear Parent:

As a result of a recent vision screening program at school, we believe that your child should have a complete eye examination. We urge you to give this your prompt attention. Please take this form to your eye examiner and ask him to complete it and return it to the school. If you desire additional information, our school nurse will be glad to help you.

..... Nurse ..... Principal

Note to the examiner:

We have directed the parents' attention to the need for complete examination because of:

Performance on Snellen Test R. 20/ L. 20/

Signs and Symptoms .....

.....

The school will appreciate a report from you and any recommendations you desire to make. This information will be of help in planning the educational program for this child.

REPORT OF EXAMINER TO THE SCHOOL

Visual Acuity				*Glasses*
Without lenses		With lenses		☐ Not prescribed
R. 20/	L. 20/	R. 20/	L. 20/	☐ Prescribed
Both 20/		Both 20/		☐ To be worn all the time
				☐ To be worn for close work only
				☐ To be worn for distance only
				☐ Safety lenses

Preferential seating recommended .....

Special materials that would be helpful .....

Other recommendations or suggestions .....

Date patient should return for further examination .....

Signature ..... Address .....

Date .....

Note to Examiner: ***Please mail completed form to school indicated above.***

APPENDIX D*

California State Department of Education
721 Capitol Mall, Sacramento, CA 95814
Form GE-001 (Rev. 4-74)

County-District Code

Annual Report of Vision Testing, 1973-74

IMPORTANT: Please read the attached Information and Report Form Definitions before completing this form.
Return completed form by June 1, 1974, to: Patricia Hill, Health Core, G.E.M., California State Department of Education, 721 Capitol Mall, Sacramento, CA 95814.

School district	Superintendent		
Number and street	City	ZIP code	County
Period covered: From To	Prepared by: Title:		Telephone (include area code)

RESULTS OF SCREENING

(Include pupils in gifted and remedial speech classes in regular grades.)

Grade level	Enrollment in each grade screened	Total number of pupils screened	Number of pupils rescreened	Number of pupils referred for professional examination	Number of pupils referred actually under professional care	Color vision (boys)	
						Number tested	Number failed
K	1	2	3	4	5		
One							
Two							
Three							
Four							
Five							
Six							
Seven							
Eight							
EH							
MR(EMR,TMR)							
VH							
PH							
DCH							

Persons authorized to test vision	Initial screening conducted by:	Rescreening conducted by:	Follow-up conducted by:
Credentialled school nurse*	☐	☐	☐
Medical doctor*	☐	☐	☐
Doctor of optometry*	☐	☐	☐
Teacher (trained as required)*	☐	☐	☐
Public Health Department personnel*	☐	☐	☐
Other (specify)	_____	_____	_____

Criteria used for referral for visual acuity—far point:

K–3 20/_____ 4–8 20/_____

Type of test:

_____ Snellen

_____ Modified clinical technique

_____ (grade level)

_____ Other (specify)

Color test given: _____

*Persons authorized to give tests as defined in the California Administrative Code, Title 5, Education, sections 590-591.

F73-133 DE 6914 4-74 1,300

*See the following page for instructions for completing the form.

Instructions for Completing the Form, "Annual Report of Vision Testing, 1973-74"

County-District Code

Use code as listed in *California Public School Directory.*

Results of Screening

Column

1. Enrollment in each grade (in which any pupils had their vision screened) defined as October report of a.d.a. (Education Code Section 11412)
2. Total number of individual pupils screened (Education Code Section 11825) (Refers to total number of pupils included in initial visual acuity screening program in the school, plus subsequent screening of pupils absent during the initial screening program, transfers into the district, or pupils referred for screening from grades not scheduled for screening.)
3. Number of pupils failing initial screening who are rescreened
   Assumption: All pupils failing the initial screening (column 2) have a reevaluation screening.
4. Number of pupils referred to eye and vision specialists
   Assumption: All pupils failing the reevaluation screening (column 3) are referred for professional examination.
5. Number of pupils *referred* who receive examination by eye and vision specialist (based on report received by school)
6. Number of *boys* tested for color vision and number who failed (Education Code Section 11825)

Special Education Classes

EH All educationally handicapped, including learning disability group (LDG), wherever educated
MR Educable mentally retarded (EMR) and trainable mentally retarded (TMR)
VH Visually handicapped (blind and partially seeing)
PH Physically handicapped (deaf, hard of hearing, orthopedic and other health impaired, aphasic, and so forth)
DCH Development Centers for the Handicapped

Persons Authorized to Test Vision

Place a check to indicate the personnel conducting the activity listed in each column. A list of personnel authorized to give tests and training required of each is specified in California Administrative Code, Title 5, Education, sections 590–593, inclusive.

Criteria Used for Referral for Visual Acuity–Far Point

Indicate criteria used in 1973-74.

Type of Test

Check or specify type of test used. Provide specific name of color test. If modified clinical technique (MCT) is used, specify grade level(s) at which it is used.

Legal Requirements

The California Administrative Code, Title 5, Education, sections 594–596, inclusive, specifies State Board of Education requirements for examination of visual acuity, including criteria for test failure; for examination of color vision; and for gross external observation of children's eyes, visual performance, and perception.

APPENDIX E
Glossary

Accommodation–The power of the eye to alter the shape of its lens in order to adjust the focus of the eye for distance and near seeing.

Amblyopia–Dimness of vision without any apparent disease of the eye. *Amblyopia ex anopsia*–Dimness of vision due to disuse of an eye with no apparent physical abnormality.

Astigmatism–Defective curvature of the refractive surfaces of the eye as a result of which light rays are not sharply focused on the retina for either nearness or distance.

Binocular vision–Using the two eyes simultaneously to focus on the same object and to fuse the two images into a single image.

Color vision–The ability to discriminate colors. *Color deficiency*–The inability to discriminate between certain colors, usually red-green, seldom blue-yellow. Pseudo-isochromatic plates are used for testing for color deficiency.

Cover test–A test which discloses whether or not the two eyes function together as they should.

Field of vision–The entire area which can be seen at one time without shifting the head or eyes.

Focus–The point to which rays are converged after passing through a lens. *Focal distance*–The distance rays travel after refraction before focus is reached.

Foot-candle–Unit of measurement of light intensity. One foot-candle equals the amount of light cast by a standard candle at a distance of one foot from the light.

Fusion–The power of coordinating the images received by the two eyes into a single mental image.

Glare–A bright spot within the field of vision.

Hyperopia–Farsightedness; a refractive error in which the point of focus for light rays is behind the retina. Objects can be brought into focus up to the limit of the powers of accommodation.

Monocular–Involving the use of one eye.

Myopia–Nearsightedness; a refractive error in which the point of focus for light rays is in front of the retina, resulting in blurred distant vision.

Occlusion–Obscuring the vision of one eye so as to test the vision or force the use of the other eye.

Ophthalmologist or oculist–A physician who has specialized in the diagnosis and treatment of vision defects and diseases of the eye. He may prescribe glasses, contact lenses, and other corrective measures and may perform surgery. He uses the initials M.D. after his name.

Optician–A maker and dealer in optical instruments who fills prescriptions for glasses by grinding lenses, fitting them into frames, and adjusting frames to the wearer.

Optometrist–A person who has done advanced study on vision, vision problems, and visual performance. He is licensed by law to examine eyes and vision and to prescribe and provide glasses, contact lenses, and orthoptic training. He uses the initials O.D. after his name.

Orthoptic training–Scientifically planned exercises for developing or restoring coordinated ocular movements.

Refractive error–A defect in the eye that prevents light rays from being brought to a focus exactly on the retina.

Strabismus–Failure of the two eyes to direct their gaze at the same object because of muscle imbalance; crossed-eyes or wall-eyes.

Visual acuity–Sharpness of central vision for detail, as in reading. *Central visual acuity*–Ability of the eye to perceive the shape and form of objects in the direct line of vision.

Visually handicapped children (for purposes of special education)–Those children who are defined as blind or partially seeing in the California Administrative Code, Title 5, Education, Section 3600.

73-228 (1089) 86345--300 8-74 25M